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**Bureau of Health Care Services**

## Verify a License/Registration

### Name and Address

**Name :** FEMININE HEALTH CARE CLINIC

**Address :** FLINT, MI 48503

### Profession and License/Registration Information

**Profession :** Medical Waste Producers

**Type :** Private Practice-fewer than 4 licensees

**Permanent ID #**
**Status**
**Issue Date**
**Expiration Date**

MW0000103

Active

06/19/1990

06/30/2013

### Complaints and Disciplinary Action

**Open Formal Complaints :** None

**Disciplinary Action :** None

### Images

**Document Type**
**Complaint Number**
**Document Year**

No Images Found for record

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The data on this web page is refreshed daily.

### DISCLAIMER

The **Issue Date** is the date the license/registration was first issued. Please note this information is not always available in the database. The **Expiration Date** given above is the date the license/registration expired or will expire. The license/registration may not have been active from the **Issue Date** to the **Expiration Date**. There may have been periods of non-licensure or registration.

For those licensees/registrants who have actions listed in the **Disciplinary Action** section above, the date the licensee/registrant complied with their board order is listed for all disciplinary actions subsequent to January 1, 2005. The date of compliance is not listed for disciplinary actions that began prior to that date. You should check with our office to confirm the status of the cases if the date of compliance is not listed.

You may request additional information under the Freedom of Information Act (FOIA) at 517-373-6637 (phone), 517-241-2635 (fax) or [BHCS-FOIAINFO@michigan.gov](mailto:BHCS-FOIAINFO@michigan.gov) for directions on how to obtain more information regarding the license/registration history or disciplinary actions.

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